



VERIFICATION OF ATTENDANCE for DRIVER EDUCATION PROFESSIONAL DEVELOPMENT

Submit to the State Department of Education within Ten Days of Workshop or Course Attendance

State Department of Education
Driver Education Division
PO Box 83720
Boise, Idaho 83720-0027
Fax: (208) 334-3484
Email: kdglenn@sde.state.id.us

NOTE: Signature of authorized sponsoring agency requires printing this document

USE TAB KEY TO ENTER REQUIRED INFORMATION

Name of Participant:

Date:

Name of sponsoring state agency, accredited college or university or other professional educational organization:

Date(s) of Workshop or Course:

Title of Workshop or Course

Number of PD Hours Completed:

I certify that the information submitted is complete and accurate and that I am an authorized representative of the sponsoring agency.

Authorized Signature of Sponsoring Agency:

OR

Copy of Signed Certificate of Attendance Attached -----

Shaded area Below is for State Department of Education Use Only

Total Hours Earned for Professional Development

SDE Approval Signature:

Date: